



IMMUNIZATION REQUEST

According to our records _____ is in need of the following checked (✓) immunizations to meet the requirements for school attendance under Missouri State Immunization Law (Section 167.181 RSMo):

TYPE OF IMMUNIZATION NEEDED	DATE OF LAST IMMUNIZATION	DATE OF NEW IMMUNIZATION
DPT/Td to complete series [dose(s)]		
Td/10 year booster		
Oral Polio to complete series [dose(s)]		
Measles immunization #1		
Measles immunization #2		
Rubella immunization		
Mumps immunization		
Hepatitis B to complete series [dose(s)]		
Varicella		
Other:		

If this student **has** had the immunization(s) checked above since the date(s) noted, please send or bring a copy of the official immunization record to school as soon as possible. This must be received by _____ (date) or the student will be excluded from attending school.

If this student **has not** had the immunization(s) checked above since the last date(s) noted, please arrange to have the immunization(s) given as soon as possible, and have the healthcare provider fill in the “date of new immunization” above and sign below. The student will be **excluded** from attending school if this form is not returned to school by _____ (date).

School Nurse's Signature		Date
Full Name of Healthcare Provider (Print)	Signature of Healthcare Provider	Date